

# Inspection Report

## 24 November 2021



## Glencarron

**Type of service: Nursing Home**  
**Address: 6 Creamery Road, Crossmaglen, BT35 9AD**  
**Telephone number: 028 3086 8366**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Glencarron Homes Ltd</p> <p><b>Responsible Individuals:</b> Mrs Bridget Liddy Mr Brendan Liddy</p>	<p><b>Registered Manager:</b> Ms Veronica Cosgrove - Acting</p> <p><b>Date registered:</b> Not registered</p>
<p><b>Person in charge at the time of inspection:</b> Ms Veronica Cosgrove – Acting Manager</p>	<p><b>Number of registered places:</b> 44</p> <p>Of the 44 residents accommodated there shall be: A maximum of 4 assessed as NH-DE and a maximum of 10 in categories NH-PH &amp; NH-PH(E) There shall be a maximum of 2 named persons within NH-LD The home is also approved to provide care on a day basis for a maximum of 9 persons or a maximum of 5 persons of high dependency.</p>
<p><b>Categories of care:</b> Nursing Home (NH) DE – Dementia I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years LD – Learning disability.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 40</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 44 patients. Patients' bedrooms are located over two floors and patients have access to communal lounges and dining rooms.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 24 November 2021 from 9.40am to 5.15pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified in relation to hand hygiene, compliance with Control of Substances Hazardous to Health (COSHH) legislation, care records, staff training on Deprivation of Liberty and with meal choice.

RQIA was assured that the delivery of care and service provided in Glencarron was safe, effective and compassionate and that the home was well led.

Staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager and management team at the conclusion of the inspection.

#### **4.0 What people told us about the service**

During the inspection we consulted with seven patients, six staff and one patient's visitor. Patients spoke positively on the care that they received and with their interactions with staff. Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients. The visitor complimented the care provision in the home and spoke positively on engagements with staff.

There was one questionnaire response which indicated that the respondent was very satisfied that the home provided safe, effective and compassionate care and that the home was well led. We received no feedback from the staff online survey.

#### **5.0 The inspection**

##### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Glencarron was undertaken on 11 September 2020 by a care inspector; no areas for improvement were identified.

#### **5.2 Inspection findings**

##### **5.2.1 Staffing Arrangements**

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post.

All staff were provided with a comprehensive induction programme to prepare them for working with the patients. There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety. A system was in place to ensure that staff completed their training. However, discussion with staff and the manager evidenced a gap on the compliance with Deprivation of Liberty training and an area for improvement was identified. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff consulted agreed that patients' needs were met with the number and skill mix of staff on duty, although, staff also confirmed that staffing levels can be affected at times by short term sick leave. Patients spoke highly on the care that they received and the visitor confirmed that staff maintained good contact with their family.

Staff said there was good teamwork in the home and felt that they communicated well with each other. Staff confirmed that they understood their own roles in the home and the roles of others.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the nurse in charge of the home when the manager was not on duty.

Patients confirmed that they would have no issues on raising any concerns that they may have to staff. It was observed during the inspection that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering; discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. However, a review of one patient's care records evidenced that they had not been updated to reflect the recommendations of another healthcare professional. This was discussed with the manager and identified as an area for improvement. Patients' care records were held confidentially.

Where a patient was at risk of falling, a falls care plan was in place to direct staff in how to manage this area of care. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. A review of accident records confirmed that the appropriate falls risk assessments and care plans had been updated following an accident in the home. Records also indicated that the appropriate persons notified of the fall and the patient had been monitored appropriately.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly.

A review of one patient's care records, who required repositioning, found no reference to repositioning within the care plans. A contemporaneous record of repositioning had not been maintained. This was discussed with the manager and identified as an area for improvement. The patient did not come to any harm as a result of this gap in recording.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats and/or bed rails. Discussion with the manager and a review of records evidenced that the proper procedures had been followed when a restrictive practice had been implemented.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Records of patients' intake and outputs were recorded where this was required. Nutritional risk assessments were carried out monthly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST). However, the menu only offered one option at mealtimes and whilst alternatives were provided when patients did not like the meal option, an area for improvement was identified to ensure that the mealtime menu offered a choice of meals at mealtime and offered a variety of foods. Meal options should also include compatible food options for patients who require to have meals modified.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Chemicals were observed to have been left unattended and accessible to patients during the inspection. These could be harmful to patients if ingested. This was discussed with the manager and identified as an area for improvement.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff. Environmental infection prevention and control audits had been conducted monthly.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE) and wash their hands on entry. Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. However, during the inspection staff were identified wearing wrist jewellery. This would impede on effective hand hygiene. This was discussed with the manager and identified as an area for improvement.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients, who could, could choose what they wore and what they preferred to eat.

The activities coordinator had recently left employment in the home and the management team were actively seeking a replacement activities person. In the interim, the care staff were facilitating activities in the home. Activities included arts and crafts, games, exercises, music, storytelling and bingo. During inspection feedback with the management team we discussed the potential for allocating additional hours on the duty rota for the provision of activities. We also discussed the importance of recording the activities which had been facilitated and including in the records which patients were involved.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

Since the last inspection there had been a change in the management arrangements. Ms Veronica Cosgrove had commenced the role of acting manager on 3 September 2021 following a temporary reassignment of the registered manager. Discussion with the manager and staff confirmed that there were good working relationships between staff and the management team in the home.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff confirmed that the management team were approachable and would listen to them when they brought any concerns to their attention.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included patients' care records, infection control, complaints and staff training. The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home.

A complaints book was maintained. Complaints records included the detail of the complaint and the actions taken in response to the complaint including follow up actions to the complainant. A compliments file had also been maintained. It was good to note that in addition to cards and letters of thanks; emails, website reviews and electronic messages had been printed and included in the file. All learning from complaints and any compliments received had been shared with staff.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

Review of staff training records confirmed that all staff completed adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Veronica Cosgrove, Manager and the management team as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Chemicals are now stored in locked boxes which are kept on trolleys for easy access to staff. Spot checks to ensure boxes are kept locked
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that staff remain bare below the elbow within areas where care is provided to allow for effective hand hygiene.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> All staff informed re :hand hygiene standard. ongoing audits and spot checks to ensure staff are not wearing jewellery
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> 24 January 2022	The registered person shall ensure that all staff employed in the home completes training on Deprivation of Liberty.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Staff have started DOL training ,records of training dates are completed. All staff have been informed the deadline for completion of training is 24 <sup>th</sup> January

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4 Criteria (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2021</p>	<p>The registered person shall ensure that patients' care plans are updated to reflect the recommendations of other healthcare professionals and that this information is communicated to all relevant staff.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2021</p>	<p>The registered person shall ensure that when a patient is deemed at risk of pressure damage, a care plan is in place to guide staff in the pressure management plan which should include frequency of repositioning where appropriate.</p> <p>Contemporaneous records of repositioning must be maintained at the time of repositioning and include evidence of skin checks.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staff informed.Care plan audits reviewed,ongoing audits will audit pressure management plan and repositioning charts Please note the completed by date is prior to inspection date</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2021</p>	<p>The registered person shall ensure that the mealtime menu offers a choice of meal for patients in the home. This will also include patients who require to have their meals modified.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Menu choices reviewed to include all choices and records updated</p>

*\*Please ensure this document is completed in full and returned via Web Portal*



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